

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10/573657

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3			1				53						
4		1					54						
5			1				55						
6		1					56						
7			1				57						
8		1					58						
9			1				59						
10		1					60						
11			1				61						
12		1					62						
13			1				63						
14		1					64						
15	1						65						
16		1					66						
17			1				67						
18		1					68						
19			1				69						
20		1					70						
21	1						71						
22		1					72						
23			1				73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
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35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	19	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	23						TOTAL CLAIMS						